

RATES REFUND REQUEST FORM – EFT DETAILS

Please complete this form and return to Rates Section, Finance Department,
Kildare Co. Council, Áras Chill Dara, Devoy Park, Naas, Co. Kildare

Account Name(s): _____

Address 1: _____

Address 2: _____

Address 3: _____ Eircode _____

E-mail address for Remittance Advice: _____

Contact Phone Number(s): _____

Customer Account Number: _____

Amount of requested refund: € _____

Bank Name:	
Name(s) on Account:	
Branch Address:	
Bank Account Number:	
Bank Sort Code:	
IBAN:	
SWIFT/BIC:	

PLEASE NOTE: COPY OF TOP PART OF YOUR BANK HEADER MUST BE PROVIDED

(Delete as appropriate) **I / We hereby request a refund from my / our rates account.**

I / We confirm that the bank details above are correct and confirm my / our consent to have the refund lodged to this bank account.

Signature(s): (1) _____ (2) _____

Date: _____ / _____ / _____

Signature(s): (1) _____ (2) _____

Date: _____ / _____ /20__
